NOMINATED BY

REQUIREMENT

Chair, Board of Supervisors

AT-LARGE (PROP. 10 REQUIREMENT)

COUNTY DEPA	RTMEN HEAI	HEALTH & HUMAN SERVICES AGENCY			CONTACT PERSO) LAUR	LAURA SPIEGEL	
PHONE NUMB	<i>ER</i> (619)	230-6460	MAILSTOI	A211	FAX NUMBER	(619)	(619) 230-6466	
MEMBER NAME	Bowen, Dr. Na	incy						
APPOINTMENT		<i>MO</i> #		EXPIRATION	1/8/2004	TERM	COINCIDE	
NOMINATED BY	DIRECTOR OF HHSA			APPOINTED BY	Board of Supervisors			
REQUIREMENT				COMMENTS	REPLACED HA	REPLACED HAROLD TUCK, JR.		
MEMBER NAME	Jean Shepard							
APPOINTMENT	12/9/2003	<i>MO</i> #	31	EXPIRATION		TERM	INDEFINITE	
NOMINATED BY	DIRECTOR OF HHSA			APPOINTED BY	Board of Superv	Board of Supervisors		
REQUIREMENT	DIRECTOR - HHSA			COMMENTS	Dr. Rodger Lum	Dr. Rodger Lum resigned		
MEMBER NAME	Roberts, Ron ((Chair)						
APPOINTMENT	1/9/2007	<i>MO</i> #	2	EXPIRATION	1/7/2008	TERM	COINCIDE	
NOMINATED BY	Chair, Board of Supervisors			APPOINTED BY	Board of Superv	Board of Supervisors		
REQUIREMENT	Board of Supervisors			COMMENTS	Appointed 1/9/0	Appointed 1/9/07		
MEMBER NAME	Skiljan, Carol							
APPOINTMENT	1/8/2008	<i>MO</i> #	11	EXPIRATION	12/7/2009	TERM	2-YEARS	
NOMINATED BY	Chair, Board of Supervisors			APPOINTED BY	Board of Superv	Board of Supervisors		
REQUIREMENT	AT LARGE - PROP 10 REQUIREMENT			COMMENTS	Re-appt (2nd ter	Re-appt (2nd term) 1/08/08		
MEMBER NAME	Tressler, Charl	lene						
APPOINTMENT	1/30/2007	<i>MO</i> #	24	EXPIRATION	1/5/2009	TERM	2 Years	

APPOINTED BY

COMMENTS

Board of Supervisors

Reappointed (2nd term) 1/30/07